



West Des Moines Fire Department Prevention Bureau

KIOSK PERMIT APPLICATION PERMIT FEE \$50.00

NAME OF KIOSK	•				
ADDRESS:	S:SUITE:				
CONTACT NAME	:		PHONE:		
Application is here	by made to set up and operate a	Kiosk at (name of mall)		
Beginning (date)	eginning (date) If temporary, what is the ending date?				
an operational permapplicable fire and listed kiosk. An ins	1 105.6.10 of the West Des Moin nit is required to operate a kiosl building codes and shall have the pection by the fire department application. Please mail this co	k within a ne kiosk ap will be req	covered mall. The oproved prior to couuired for approval	occupant shall abide inducting business from The fee for a Kiosk is	by all m the above
	West Des Moines Fire A			n Bureau	
		P.O. Box (55320 s, IA 50265		
		(515) 273-	*		
Size of Kiosk:	length	X	width	= square feet.	
Description of retai	l fixtures or displays:				
Please contact th	e West Des Moines Fire M	arshal at	515-273-0643 to	schedule an inspe	ection.
	cords are not allowed. Breaker nall be assessed if fire code viola			ctly into a wall outlet	are permitted.
	Inspection Date:		Jse Only		
	•				
	Inspector:		_		
	Inspection PASS	FAIL			
	Permit Fee of \$50. Received	YES	NO		
•					<u> </u>

